

CLAIMS ONLY							Application Number 09/988384	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51	/
2							52	/
3							53	/
4							54	/
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	8
12							62	/
13							63	/
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30		/					80	
31	/						81	
32	/						82	
33	/						83	
34	/						84	
35	/						85	
36	/						86	
37	/						87	
38	/						88	
39	/						89	
40	8						90	
41	8						91	
42	/						92	
43	/						93	
44	/						94	
45	/						95	
46	/						96	
47	/						97	
48	/						98	
49	/						99	
50	/						100	
Total Indep	6						Total Indep	
Total Depend	51						Total Depend	
Total Claims	57						Total Claims	